

**MEMBERSHIP APPLICATION FORM**

Customer Care :- +91 9519949082  
 Email :- info@kpmnl.com, Visit us at :- kpmnl.com



BRANCH NAME & CODE \_\_\_\_\_

MEMBER NUMBER 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Affix  
Passport  
Photo  
here

**PERSONAL DETAILS : (Please fill in BLOCK Letter)**

NAME 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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PIN 

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DOB 

D	D	M	M	Y	Y	Y	Y
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Gender 

M	F
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PHONE : (M) 

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PAN NO 

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AADHAR CARD NUMBER 

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**INTEREST ON INVESTMENT:**

FIXED DEPOSIT 1 YEAR  / 3 YEARS  / 5 YEARS  / 7 YEARS

RECURRING DEPOSIT:  DAILY DEPOSIT :

SAVINGS DEPOSIT:

ADVISOR NAME \_\_\_\_\_:

MOBILE NUMBER :  ADVISOR CODE:

**TERMS & CONDITIONS :**

1. FD, RD, DD, LOAN, SAVINGS Amount should be deposited at a time.
3. At the Maturity time, original certificate must be submitted by the Depositor.
4. Nomination is mandatory for every Deposit Fund.
5. Deposit only accepted by CASH, ONLINE, NEFT / RTGS.

\_\_\_\_\_  
Official Signature

\_\_\_\_\_  
Applicant Signature  
(Parent/Guardian's Sign for below 18 years candidate)

DATE: \_\_\_\_\_

**KUHU PIHU MANGAL NIDHI LIMITED**

No:..... ACKNOWLEDGMENT TO MEMBER DATE: \_\_\_\_\_

We acknowledge the receipt of Membership Form

Of 

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 (Customer Name)

MEMBER NUMBER 

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On 

D	D	M	M	Y	Y	Y	Y
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\_\_\_\_\_  
Applicant Signature  
(Parent/Guardian's Sign for below 18 years candidate)

\_\_\_\_\_  
Signature of Branch Manager